

Date __/__/__

APPLICATION FOR MOVING & HAULING PERMIT
CITY OF NEWPORT NEWS- PERMITS AND INSPECTIONS
2400 Washington Avenue Newport News, VA 23607
757-933-2311 www.nnva.gov

Requested Move Date

__/__/__

By signature on this application and permit it is acknowledged and agreed that the provisions of the CITY's MOVING AND HAULING POLICY MANUAL are understood and accepted.

A Permit is hereby requested of the following type:

- ☐ Single Trip
- ☐ Superload Single Trip
- ☐ General Blanket
- ☐ Superload Blanket

Fleet Allowance: _____ of _____ (if applicable for general blanket permits only)

Insurance Carrier: _____

24 hr. Contact Number: (____) _____

Address of Ins. Company: _____

State: _____ Zip: _____

A Certificate of Liability insurance protecting the City from any damage or liability resulting from the permitted move must be provided and approved by the City Attorney prior to the issuance of a permit.

Be advised that all permit requests SHALL be submitted a minimum of 48 hours (within a work week) prior to the requested move date. Depending on the type of permit being requested the City has 3-7 working days for review of all COMPLETED applications. All fees are required before the issuance of any permit.

Permitting Company: _____ Phone: (____) _____ Contact Person: _____
Address: _____ Email: _____ Fax: (____) _____
Trucking Company: _____ Phone: (____) _____ Contact Person: _____
Address: _____ Email: _____ Fax: (____) _____

Vehicle Route:

From (Origin) _____ To (Destination) _____

Complete Route of Travel (within City limits) _____

To be moved: _____

Attached

- ☐ **Certificate of Clearance**
- ☐ **Insurance Certificate**

Tractor Truck VIN # _____

Tractor Truck License: _____ State: _____

Trailer has a Lowboy (Y/N) _____

Height: _____ (ft/in) Front Overhang: _____ (ft/in)

Width: _____ (ft/in) Rear Overhang: _____ (ft/in)

Length: _____ (ft/in)

Gross Weight: _____ lbs.

Wheelbase (center of front axle to center of rear axle): _____

(# of Axles): _____

Axle Spacing and Wheel Loading Estimates:

Axle 1: # of Wheels _____ Weight _____ lbs. Spacing (axle 1-2) _____ ft. _____ inch

Axle 2: # of Wheels _____ Weight _____ lbs. Spacing (axle 2-3) _____ ft. _____ inch

Axle 3: # of Wheels _____ Weight _____ lbs. Spacing (axle 3-4) _____ ft. _____ inch

Axle 4: # of Wheels _____ Weight _____ lbs. Spacing (axle 4-5) _____ ft. _____ inch

Axle 5: # of Wheels _____ Weight _____ lbs. Spacing (axle 5-6) _____ ft. _____ inch

Axle 6: # of Wheels _____ Weight _____ lbs. Spacing (axle 6-7) _____ ft. _____ inch

Axle 7: # of Wheels _____ Weight _____ lbs. Spacing (axle 7-8) _____ ft. _____ inch

Axle 8: # of Wheels _____ Weight _____ lbs. Spacing (axle 8-9) _____ ft. _____ inch

Axle 9: # of Wheels _____ Weight _____ lbs.

☐ Extra Sheet attached (if required)

The applicant certifies that the above information is correct and fully understands and agrees that he/she will be responsible for, must pay for, or otherwise indemnify the CITY OF NEWPORT NEWS for all damages caused to the roads, bridges, or any other structures or property owned by the CITY OF NEWPORT NEWS or others, which may be incurred as a result of this moving operation. It is further understood and agreed that the CITY in no way guarantees that the roads, bridges, or other structures are capable of carrying the load for which this permit is issued. This permit must be carried on the above-described vehicle and is subject to cancelations and penalties if any of its conditions are violated. All of the conditions and provisions of the CITY'S MOVING AND HAULING POLICY, hereby attach.

Authorized Signature: _____ Print Name: _____ Title: _____ Date: __/__/____

Authorized City Representative: _____ Print Name: _____ Date: __/__/____